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Date

		Complete if Known		
FEE TRANSMITTAL		Application Number 10/785,207		
for TV 2007	Filing Date		02/24/2004	
for FY 2007	First Named Inv	entor Shanta Modak		
	Examiner Name			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1616		
TOTAL AMOUNT OF PAYMENT (\$) 0	Attorney Docket No. 070050.2534			
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Check Credit card Money Other None ADDITIONAL FEES				
Deposit Account:				
Deposit Account Number	Surcharge -	ate oath or filing fee		
Deposit Account Name Baker Botts L.L.P.	Non-English	Specification		
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	Extension fo	r reply within first month		
Charge fee(s) indicated below, except for the filing fee	or the filing fee			
to the above-identified deposit account. FEE CALCULATION	Extension for reply within third month			
Extra Claim Fees	Extension fo	r reply within fourth month		
	Extension fo	r reply within fifth month		
Extra Claims Fee Fee Paid Total Claims x 26 = \$0	Notice of Appeal			
	Filing a brief in support of an appeal			
Independent Claims x 110 = \$0	Petition to revive - unavoidable			
Multiple = \$0	Petition to revive - unintentional			
	Utility Issue Fee			
SUBTOTAL \$0	Design Issue Fee			
	Publication	⁼ ee		
Fee Description Large Entity Small Entity	Petitions to	the Commissioner		
Claims in excess of 20 52 26	Request for	Continued Examination (RC)E)	
Independent claims in 220 110	Information	Disclosure Statement (IDS)		
Multiple dependent claim, if not paid 195	ner fee -			
		SUBTOTAL	(\$) 0	
SUBMITTED BY		(Complete (if appli	cable))	
Name (Print/Type) Sandra S. Lee	Registration No. (Attorney/Agent)	51,932 Telephone 2	212-408-2500	
Signature Surdrufu		Date 12/	18/2008	

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